

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•	•	•	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1	<del>1111111111</del>						51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9	<del>1111111111</del>						59									
10	<u>1</u>						60									
11	<del>1111111111</del>						61									
12	<del>1111111111</del>						62									
13	<u>1</u>						63									
14	<u>1</u>						64									
15	<u>1</u>						65									
16	<u>1</u>						66									
17	<u>1</u>						67									
18	<u>1</u>						68									
19	<u>1</u>						69									
20	<u>1</u>						70									
21	<u>1</u>						71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
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41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	3						TOTAL IND.									
TOTAL DEP.	7	→					TOTAL DEP.	→								
TOTAL CLAIMS	10						TOTAL CLAIMS									